

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>mc</i> | | 7/19/00 |
| O.I.P.E. CLASSIFIER | <i>ES</i> | | 7/24/00 |
| FORMALITY REVIEW | <i>ES</i> | 60225 | 9/19/00 |
| RESPONSE FORMALITY REVIEW | <i>DW</i> | 170916 | 12-26-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy